



Comfort One Data Form

An Alaska Comfort One Card and Form have been issued under the number listed above.

Patient's home zip code: _____

000000



Comfort One Bracelet Record

An Alaska Comfort One bracelet has been issued under the number listed above.

Date: _____

Regional Office: _____

Corresponding Comfort One Data Form Received _____ OR
Patient has corresponding Identification Card _____

Comfort One Patient Identification Card - Detach and Put in Wallet

This individual has been accepted into the **Comfort One** program.

The Comfort One status of the patient may be revoked, by the patient or the attending physician, at any time.

Important:

If emergency medical services personnel, or other health care providers, do not see this wallet card, a **Comfort One** form or a **Comfort One** bracelet, they will attempt to resuscitate the identified patient in accordance with their standard policies and procedures.

000000

Southeast Region EMS Council, Inc.
P. O. Box 259
Sitka, AK 99835

Bring or mail with \$14.30 payment to:

Southeast Region EMS Council, Inc.
P. O. Box 259
Sitka, AK 99835

For a COMFORT ONE patient, Alaska health care workers will not start CPR and will stop CPR if it was initiated.

Recommendations to Health Care Workers:

Appropriately trained and equipped health care workers
may provide comfort care to the do not resuscitate patient by:

Suctioning the airway
Administering oxygen
Assisting the patient to a comfortable position
Providing emotional support
Contacting hospice, home health agency, or attending physician
Providing pain medication (advanced life support personnel with standing orders)

Health care workers **should not:**

Use advanced airway devices, such as an ET tube or multilumen airway
Initiate cardiac monitoring
Administer cardiac resuscitation drugs
Defibrillate
Provide ventilatory assistance



Patient Name

Date of Birth

Male

Female

Sample Form

***** Revocation *****

The Comfort One status of the patient may be revoked by the patient identified on the front of this card or by the attending physician at any time.

Physician Name & Telephone Number

Emergency Telephone Numbers